ARIZONA STATE BOARD OF HEALTH State File No. BUREAU OF VITAL STATISTICS 1. PLACE OF RIRTH STANDARD CERTIFICATE OF BIRTH Registered N District or Township (If with occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make 2. Full name of child. supplemental report, as directed. 3. Sex of Child 4. Twin, triplet of other To be answered ONLY 6. Legitimate? 7. Date in event of plural births. 5. No., in order of birth... Month **FATHER** 14. MOTHER Full name Full maiden name 9. Residence 15. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 10. Color or race 16. Color or race 11. Age at last birthday.... 17. Age at last birthday. 12. Birthplace (city or place). 18. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation Nature of industry Nature of industry 20. Number of children of this mother (a) Born alive and now living. 21. Were precautions taken against oph-thalmia neonatorum. (b) Born alive but now dead. (Taken as of time of birth of child herein certified and including this child). (c) Stillborn ... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE . I hereby certify that I attended the birth of this child, who was, m. on the date above stated. (Born alive or stillbern) *When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn. Signsture Q child is one that neither breathes nor shows other evidence of life after birth. (Physician or -midwife), Given name added from a supplemental report.

day, year

Month.

Registrar.

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Registrar.

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